MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047305
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 103

FILED DEC 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17004
27004 2
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 90-0
13 2-0

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit
Length of stay in 1b 4yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 So Green
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 404 So Green
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joseph Middle Elmer Last Alley
4. DATE OF DEATH Month 12 Day 12 Year 62
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-18-1877
9. AGE (last birthday) 85
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Henry Co. Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Geo. W. Alley
13b. MOTHER'S MAIDEN NAME Ellen Brackney
14. NAME OF HUSBAND OR WIFE Verdie Alley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Ralph Alley - K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebrovascular Disease — 4 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-26-1958 to 12-12-62 and last saw ~~him~~ him alive on 12-12-62
Death occurred at 1:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clint R Miller MD
22b. ADDRESS Lee's Summit Mo
22c. DATE SIGNED 12-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-15-62
23c. NAME OF CEMETERY OR CREMATORY Adams Cem.
23d. LOCATION (City, town, or county) (State) Jackson Co Mo
24. FUNERAL DIRECTOR Longsford Funeral Home ADDRESS Lees Summit Mo
25. DATE REC'D BY LOCAL REG. 12/13/62
26. REGISTRAR'S SIGNATURE M B Longsford
(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W B Langford

Signature of Student Embalmer

Licensed Embalmer No. 2323

P. O. Address Lees Summit Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.